SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

RECEIVED

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002

Estimated average burden

hours per response...1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix		Serial		
DA'	TE RECEIV	'ED		

Preferred Stock for aggregate offering o		mas changed, an	indicate change.)		174987
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] Rule 506	[] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing [] Amen	idment				(1861) B. B. B. B. B. B. B.
	,	A. BASIC IDENTIF	ICATION DATA		
Enter the information requested about the	e issuer				02038876
Name of Issuer (check if this is an amendm	ent and name h	as changed, and i	ndiciate change.) 2	WI Merger, Inc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address of Executive Offices (Number 505 Huntland Drive, Suite 650, Austin, TX		, State, Zip Code	972-6	e Number (Includin 61-2300	,
Address of Principal Business Operations (if different from Executive Offices)	(Number and St	treet, City, State, 2	Zip Code) Telepho	one Number (Includ	Ing PROCESSED
Brief Description of Business Information	n Technology	Solutions			JUN 1 3 2002
Type of Business Organization					THOMSON
[X] corporation	[] limited partn	ership, already for	rmed	[] other (please	specify): FINANCIAL
[] business trust	[] limited partn	ership, to be form	ed		
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	n: (Enter two-let	[0]	rvice abbreviation fo] Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Anderson, Edward R.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 2WI Merger, Inc., 505 Huntland Drive, Suite 650, Austin, TX 7875
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Maples, Charles I.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 2WI Merger, Inc., 505 Huntland Drive, Suite 650, Austin, TX 7875
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Tarkington, Pat
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 2WI Merger, Inc., 505 Huntland Drive, Suite 650, Austin, TX 7875
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Slap, Leonard Q.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Edwards & Angell, LLP, 101 Federal Street, Boston, MA 02110
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Claudy, Peter H. O.
Business or Residence Address (Number and Street, City, State, Zip Code) M/C Venture Partners, 75 State Street, Boston, MA 02109
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Pyle, Russell T.
Business or Residence Address (Number and Street, City, State, Zip Code) M/C Venture Partners, 75 State Street, Boston, MA 02109
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) M/C Venture Partners IV L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, MA 02110

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

٨	DAG.	210	IDEN	JTIEIC	ATION	DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name first, it	f individual) M/C Venture Investors, L.L.C			
Business or Residence Addr	ess (Number and Street, City, State, Zip C	ode) 75 State Street	Boston, MA 021	110

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3. Does the offering permit joint ownership of a single unit?	No [X] N/A No []
2. What is the minimum investment that will be accepted from any individual?	No
3. Does the offering permit joint ownership of a single unit?	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering, if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [IM] [MS] [IM] [MS] [IM] [MS] [IM] [MS] [IM] [IM] [IM] [IM] [IM] [IM] [IM] [IM	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
Business or Residence Address (Number and Street, City, State, Zip Code)	,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
(Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [IL] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [IR] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [WY] [WY] [WY] [WY] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [IL]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [MT] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WV] [WI] [WY] [WV] [WV] [WV] [WV] [WV] [WV] [WV] [WV	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [WY] [WY] [WY] [WY] [WY] [WY] [WY	[ID]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [WY] [WY] [WY] [WY] [WY] [WY] [WY	[MO]
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
(Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [IN]	•
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [I	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [I	ייי
	[ID] [MO]
	PA]
	PR]
Full Name (Last name first, if individual)	The state of the s
Business or Residence Address (Number and Street, City, State, Zip Code)	According to the second
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [I	
	1D]
	ID] MO]
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [I	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for

exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price* Sold* Debt \$<u>4,508,840</u> \$_4,508,840 Equity [X] Common [X] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify___ Total 4,508,840__ \$_4,508,840_ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases* Accredited Investors **\$_4,508,840** Non-accredited Investors \$ \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Security Type of offering Sold Rule 505 Regulation A \$ Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [] \$___ Printing and Engraving Costs [] \$ Legal Fees [X]\$__10,000 Accounting Fees [] \$____ Engineering Fees \$____ Sales Commissions (specify finders' fees separately) \$ Other Expenses (identify) __ Total [X]\$<u>10,000</u>

^{*}Amounts include value of Promissory Notes surrendered by some investors in exchange for Common and Preferred shares of Issuer.

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the \$- 4,498,840--issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers. Directors, & Payments To **Affiliates** Others []\$____ Salaries and fees []\$_____ Purchase of real estate []\$____ []\$____ Purchase, rental or leasing and installation of machinery []\$____ []\$____ and equipment []\$____ Construction or leasing of plant buildings and facilities...... []\$____ Acquisition of other businesses (including the value of securities involved in this offering that may be used in []\$____ []\$_____ exchange for the assets or securities of another issuer pursuant to a merger) []\$____ Repayment of indebtedness []\$____ Working capital []\$_____ [X]\$<u>4,498,840</u> Other (specify): []\$_____ []\$____ []\$____ []\$____ Column Totals []\$____ [X]\$_4,498,840_ Total Payments Listed (column totals added) [X]\$_4,498,840_ D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Signature

Title of Signer (Print or Type)

Chief Executive Officer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Date

May 22, 2002

Issuer (Print or Type)

2WI Merger, Inc.

Name of Signer (Print or Type)

Edward R. Anderson